



**APPLICATION FOR EMPLOYMENT**  
 Southern Missouri District Council of the Assemblies of God  
 528 West Battlefield Road, Springfield, Missouri 65807

**Instructions to Applicant:** Fill out this form completely. Please type or print in ink. You may attach your resume; however, **all** sections must be completed.

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**PERSONAL DATA**

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Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last    First    Middle

Present Address: \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

Number      Street    City    State      Zip

State age if under 18 \_\_\_\_\_

Are you prevented from being lawfully employed in this country because of Visa or Immigration Status  
 Yes No (Proof of citizenship or immigration status will be required upon employment.)

Specific position applied for? \_\_\_\_\_

Are you a student?  Yes  No If yes, specify school: \_\_\_\_\_

If yes, how many credit hours until you graduate? \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Have you previously made application with us?  Yes  No If yes, date? \_\_\_\_\_

Have you ever worked for us before?  Yes  No If yes, when? \_\_\_\_\_

Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

Have you ever been convicted of a crime?  Yes  No If yes, explain: \_\_\_\_\_

List hobbies, special interests, and recreational activities: \_\_\_\_\_

Name of relatives in our employ: \_\_\_\_\_

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**DOCTRINE**

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Are you a Christian? \_\_\_\_\_ When saved? \_\_\_\_\_ Are you baptized in the Holy Spirit? (Acts 2:4) \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_ Use drugs? \_\_\_\_\_

Do you or have you ever held ministerial credentials with any religious organization? \_\_\_\_\_ If yes, give name of organization and date \_\_\_\_\_

Marital Status: Single  ; Engaged  ; Married  ; Separated  ; Divorced  ; Remarried  ; Widowed

If engaged, date of wedding? \_\_\_\_\_

Name of church you attend: \_\_\_\_\_ City/State: \_\_\_\_\_

Please check the services you attend regularly:  Sunday School  Morning Worship  Sunday Evening  
 Midweek Services  Youth Service

If active in church work, list activities: \_\_\_\_\_

### EDUCATION

	Name and Location	Major Course	Minor Course	Circle Last Year Completed	Year Graduated
High School		XXXX	XXXX	1 2 3 4	XXXX
College				1 2 3 4	Year: Degree:
College				1 2 3 4	Year: Degree:
Other (Specify)					

### TRAINING AND EXPERIENCE

Mark items in which you have had training with a T, or experience with an E

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|---|---|--|
| <input type="checkbox"/> Typing Speed _____<br><input type="checkbox"/> Transcribing machine<br><input type="checkbox"/> Filing<br><input type="checkbox"/> Receptionist<br><input type="checkbox"/> Bookkeeping<br><input type="checkbox"/> Accounting<br><input type="checkbox"/> 10-Key<br><input type="checkbox"/> Word processing<br><input type="checkbox"/> Personal computer software _____<br><input type="checkbox"/> Data entry _____<br><input type="checkbox"/> Customer Service | <input type="checkbox"/> Mainframe computer operations<br><input type="checkbox"/> Mainframe programming<br><input type="checkbox"/> Supervision<br><input type="checkbox"/> Journalism<br><input type="checkbox"/> Editing<br><input type="checkbox"/> Advertisin<br><input type="checkbox"/> Marketing<br><input type="checkbox"/> Layout<br><input type="checkbox"/> Art illustration<br><input type="checkbox"/> Graphics design<br><input type="checkbox"/> Shipping<br><input type="checkbox"/> Receiving<br><input type="checkbox"/> Cashier | <input type="checkbox"/> Stock Clerk<br><input type="checkbox"/> Bulk mailing<br><input type="checkbox"/> Carpentry<br><input type="checkbox"/> Janitorial<br><input type="checkbox"/> Maintenance engineer<br><input type="checkbox"/> Composer<br><input type="checkbox"/> Proofreading<br><input type="checkbox"/> Offset press<br><input type="checkbox"/> Folders, cutters<br><input type="checkbox"/> Bindery<br><input type="checkbox"/> Platemaking<br><br>Other: _____<br>_____ |
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## EMPLOYMENT HISTORY

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In the space below, give your **complete** record of employment. If necessary, attach additional sheets. Start with your present or most recent position and work back. List your positions in the order you held them. **Explain any gaps between periods of employment.**

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER		TYPE OF BUSINESS	
DATES EMPLOYED FROM:                      TO:	STARTING TITLE	PRESENT OR LAST TITLE	
NAME OF LAST SUPERVISOR	PRESENT OR LAST SALARY \$                                      PER		
BRIEF DESCRIPTION OF DUTIES:			
Why did you or do you wish to leave?			

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER		TYPE OF BUSINESS	
DATES EMPLOYED FROM:                      TO:	STARTING TITLE	PRESENT OR LAST TITLE	
NAME OF LAST SUPERVISOR	PRESENT OR LAST SALARY \$                                      PER		
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NAME OF LAST SUPERVISOR	PRESENT OR LAST SALARY \$                                      PER		
BRIEF DESCRIPTION OF DUTIES:			
Why did you or do you wish to leave?			

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**ADDITIONAL INFORMATION**

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Add any other information you feel is pertinent. For instance, you might summarize your over-all experience and relate it to your career goals. Also use this section to expand any statements made in other sections of this form, and include any times you expect to be off work. Identify these by section type.

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**PERSONAL REFERENCES**  
(Do not use former employers or relatives.)

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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**APPLICANT'S STATEMENT**

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I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or misrepresentation is grounds for dismissal in accordance with The Southern Missouri District Council of the Assemblies of God policy. I authorize the references listed in this application to give you any and all information they may have, and release all parties from all liability for damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of The Southern Missouri District Council of the Assemblies of God and acknowledge that my employment and compensation can be terminated, with or without cause, at the option of either the company or myself. I understand that only the Board of Directors has authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_